

Advance Directive for Research Participation

PART 1: Your Choice for a Substitute Decision Maker

I authorize the person(s) named below to make decisions for me concerning my participation in research in the event that I become unable to make these decisions for myself. I permit the person(s) named below to act as my "research proxy" *if I lose my ability to understand the research activities* and instruct the person(s) named below to decide whether it is a good idea for me to enroll in a study or continue my participation. The decision should be based on what they think I would do.

Primary Substitute Decision Maker (your "Research Proxy")	Alternate Substitute Decision Maker (used if Primary Substitute Decision Maker is unavailable)	
Name:	Name:	
Address:	Address:	
Telephone #:	Telephone #:	

PART 2: Your Wishes About Research Participation (Optional)

If you lose the ability to make decisions, you may continue in your present study and you can be enrolled in a new study(s) if your substitute decision maker agrees. To help your substitute decision maker, you have the option to **initial** the following statements to reflect your current wishes. It is important to remember that the final decision to stay in any study will always be yours; you may stop participation at any time you wish by saying that you want to stop or you do not want to enroll in a study.

If I lose the ability to make my own decisions (initial any that apply):

- I do NOT want to participate in any research.
- I am willing to participate in research that might help me.
- I am willing to participate in research that will not help me directly, but might help others and involves no more than minimal risk of harm to me.
- I am willing to participate in research that will not help me directly, but might help others and involves no more than a minor increase over minimal risk of harm to me (for example, a spinal tap or a CT scan with or without dye).

You can use the space below to indicate any other values, goals, or limitations that you would like to guide your participation in research. For more space, attach another piece of paper.

PART 3: Expiration Date

I understand that unless I revoke it or state an expiration date or circumstances under which it will expire, this research proxy shall remain in effect indefinitely. *[(If you want this research proxy to expire, cross out the prior sentence and state the date or conditions here.) This proxy shall expire (specify date or conditions): _____]*

PART 4: Signatures and Date

Subject Signature

Date

Print Name

I witnessed the above individual execute this proxy. The individual appeared to execute the proxy willingly and free from duress. (Both witness signatures below are required.)

Witness #1 Signature

Date

Print Name

Witness #2 Signature

Date

Print Name